



Manual Check Request

(Please send completed form to Payroll, Thompson University Center)

Identification

UO ID _____ Name _____
Last First Middle

Position _____ Suffix _____ E Class _____

Time Entry Org _____ Department _____ Year _____ Pay No _____

Justification

Employee did not receive a paycheck during the regular pay cycle.

Resignation Dismissal Termination Date _____ Other _____

Check Delivery

Requested Check Prepared by Date _____

Pick up Check in Payroll (checks are printed each day at 4pm and can be picked up from 8 to 5)

Send Check US Mail to _____

Direct Deposit (Please allow 3 business days to transfer funds into account after it has been processed)

Earnings

Remarks

Code	Hrs/Units	Special Rate

Leave Accrual

Note: Leave does not automatically accrue for earnings paid or adjusted by manual check.

Leave Adjustment: (+ or -) Sick _____ Vacation _____ Comp _____ Personal _____

Labor Distribution

Index	Fund	Org	Account	Program	Activity	Monthly \$	%

Note: Total Monthly \$ must equal Assigned Salary, and Total % must equal 100

Authorization

	Print	Sign	Phone	Date
Prepared By				
Dept Approval				